MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39956

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 129
Township Phoenix Primary Registration District No. 5180
City ..... (No. ..... St. ..... Ward)

File No. 39956
Registered No. 29

2. FULL NAME George H Wilkie
(a) Residence. No. Neelys Landing Mo St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Wilkie Neelys Landing Mo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	10	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) Gen farm labor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boolinger Co Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Henry Wilkie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT Mrs George Wilkie
(Address) Neelys Landing Mo

15. FILED Dec 7, 1929 F. J. Schoen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6th 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1929, to Dec 6, 1929 that I last saw him alive on Dec 5, 1929, and that death occurred, on the date stated above, at 9 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appoplexy
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) O J Miller, M.D
12/7/1929 (Address) Egypt Mills Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Neelys Landing Cem Burnkopf Funeral Hp
DATE OF BURIAL Dec 8 1929

20. UNDERTAKER Burnkopf Ad
ADDRESS Cape Girardeau Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6 20 1929 10 31